

Effective January 1, 2003

Q-3286 RJS

| (Column 1) | (Column 2) |
|------------|------------|
| 1          | 2          |
| 3          | 4          |
| 5          | 6          |
| 7          | 8          |
| 9          | 10         |
| 11         | 12         |
| 13         | 14         |
| 15         | 16         |
| 17         | 18         |
| 19         | 20         |
| 21         | 22         |
| 23         | 24         |
| 25         | 26         |
| 27         | 28         |
| 29         | 30         |
| 31         | 32         |
| 33         | 34         |
| 35         | 36         |
| 37         | 38         |
| 39         | 40         |
| 41         | 42         |
| 43         | 44         |
| 45         | 46         |
| 47         | 48         |
| 49         | 50         |
| 51         | 52         |
| 53         | 54         |
| 55         | 56         |
| 57         | 58         |
| 59         | 60         |
| 61         | 62         |
| 63         | 64         |
| 65         | 66         |
| 67         | 68         |
| 69         | 70         |
| 71         | 72         |
| 73         | 74         |
| 75         | 76         |
| 77         | 78         |
| 79         | 80         |
| 81         | 82         |
| 83         | 84         |
| 85         | 86         |
| 87         | 88         |
| 89         | 90         |
| 91         | 92         |
| 93         | 94         |
| 95         | 96         |
| 97         | 98         |
| 99         | 100        |

|                                                           |              |              |
|-----------------------------------------------------------|--------------|--------------|
| TOTAL CLAIMS                                              | 6            |              |
| FOR                                                       | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 6 minus 20 = | * 6          |
| INDEPENDENT CLAIMS                                        | minus 3 =    | * 6          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

SMALL ENTITY  
TYPE ☐

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     | 5      |

OR

OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     | .      |
| TOTAL     | 750    |

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|------------------------------------------------|----------------------------------|-------|------------------------------------|--------------------------|
|                                                | Total                            | *     | Minus                              | **                       |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

## SMALL ENTITY

|                         |                |
|-------------------------|----------------|
| RATE                    | ADDITIONAL FEE |
| X\$ 9=                  |                |
| X42=                    |                |
| +140=                   |                |
| TOTAL<br>ADDITIONAL FEE |                |

OR

## OTHER THAN SMALL ENTITY

|                    |                |
|--------------------|----------------|
| RATE               | ADDITIONAL FEE |
| X\$18=             |                |
| X84=               |                |
| +280=              |                |
| TOTAL<br>ADDIT FEE |                |

| AMENDMENT B                                    | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total                                          | *                                         | Minus | **                                          | =                        |
| Independent                                    | *                                         | Minus | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             | <input type="checkbox"/> |

|                     |                |
|---------------------|----------------|
| RATE                | ADDITIONAL FEE |
| X\$ 9=              |                |
| X42=                |                |
| +140=               |                |
| TOTAL<br>ADDIT. FEE |                |

OF

| RATE                | ADDITIONAL FEE |
|---------------------|----------------|
| X\$18=              |                |
| X84=                |                |
| +280=               |                |
| TOTAL<br>ADDIT. FEE |                |

| AMENDMENT C                                    | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total                                          | *                                         | Minus | **                                          | =                        |
| Independent                                    | *                                         | Minus | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             | <input type="checkbox"/> |

|                     |                |
|---------------------|----------------|
| RATE                | ADDITIONAL FEE |
| X\$ 9=              |                |
| X42=                |                |
| +140=               |                |
| TOTAL<br>ADDIT. FEE |                |

OR

|                         |                |
|-------------------------|----------------|
| RATE                    | ADDITIONAL FEE |
| X\$18=                  |                |
| X84=                    |                |
| +280=                   |                |
| TOTAL<br>ADDITIONAL FEE |                |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.